MISSISSIPPI DEPARTMENT OF HEALTH

TO: Mississippi Federally Qualified Health Centers (Community Health Centers)

FROM: Tennille Howard, Director
Cardiovascular Health Program

DATE: July 25,2006

SUBJECT: Request for Applications

The Cardiovascular Health Program is accepting applications for competitive mini-grants that encourage community health centers to develop or enhance activities related to the Health Disparities Collaborative's cardiovascular disease chronic care model. The maximum funding during this period is $10,000.

Please note the following instructions and time lines in applying for the funds. If you have any questions regarding the RFA or need technical assistance, contact me at (601) 5767781.

Request for Applications

To Implement Chronic Care Model Activities in
Community Health Centers
For the Mississippi Cardiovascular Health Program

Mississippi Department of Health
Office of Preventive Health
570 E. Woodrow Wilson, A-301
Jackson, Mississippi 39215

Contact: Tennille Howard
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I. Background

The Mississippi Cardiovascular Health (MSCVH) program at the Mississippi Department of Health announces the availability of funds for federally qualified community health centers (FQCHC) to promote system change around cardiovascular health. MSCVH is charged with coordinating statewide activities to prevent and control heart disease, stroke, and related complications. This can be accomplished through partnerships, collaboration, public awareness, professional education, community based training, and policy development.

Cardiovascular disease (CVD) - principally heart disease and stroke - is the leading cause of death in Mississippi, accounting for 10,267 deaths, or 35% of all deaths, in 2004. Much of this is premature: one in five CVD deaths occur in Mississippians under 65 years of age. Mississippi's CVD mortality rate is the highest in the nation, with a mortality rate in 2002 that was 30% higher than the rate for the U.S. as a whole. CVD death rates in Mississippi are falling, but not as much as the national average: CVD mortality rates for the U.S. are declining more than twice as fast as rates in Mississippi.

To improve cardiovascular health in Mississippi the MSCVH program is partnering with other organizations to improve the provision and quality of medical care for optimal health outcomes. To do so, the MSCVH program assists with implementing environmental and policy changes that will improve processes that will lead to improved medical care.

Approximately one-half of the 33 CDC- funded Cardiovascular Health Programs participate in the "CVD Collaborative" through which they provide support to federally qualified health centers (FQHCs) in their state of the art techniques in disease management and other public health expertise to those most in need. Techniques such as patient data management systems and training to improve blood pressure measurement have produced impressive results.

Purpose

The purpose of this request for applications is to assist community health centers in developing, implementing, and sustaining chronic care model programs addressing cardiovascular health. The MSCVH Program wants to support the following outcomes intended by the Collaborative Model:

- To encourage CHC that are not currently implementing the CVD care model to begin developing programs
- To help improve processes that will lead to improved medical care
- To have data available for identifying whether successful change is occurring
- To align medical practice with evidence-based clinical guidelines
- To share ideas and knowledge
- To learn and apply new methodologies for organizational change
- To maximize the length and quality of life for patients with cardiovascular disease, satisfy patient and caregiver needs, and maintain or decrease the cost of health care
- To identify effective programs that encourages patient participation
- To partner with community organizations in order to develop evidence-based programs and health policies that support chronic care
- To embed evidence based guidelines into daily practice

- To utilize provider education modalities proven to change proactive behavior
- To assure regular follow-up
- To develop a registry with clinically useful and timely information
- To build care reminders and feedback for providers and patients into the information system
- To identify relevant patient subgroups for proactive care

Eligible Applicants

Must be:

- A Federally Qualified Community Health Center within Mississippi
- Able to collect data electronically
- Working on and/or expanding work on implementing the CVD chronic care model.
- Working with adults diagnosed with:
  - High blood pressure (>140/90) and/or
  - High blood cholesterol (>200mg/dL)
  - Preference will be given to underserved populations with demonstrated disparities in cardiovascular health (e.g., socioeconomic status, gender, geographic, racial/ethnic)

Funding

Up to $30,000 from the MSCVH program is available, community health centers can apply for a maximum of $10,000. This funding may be continued based on performance and reporting requirements being met.

Administrative and satellite sites can apply for funding.

Contract Period

Grants awarded under this RFP end June 29, 2007. Grant funds will be paid to grantees in intervals during the contract period. The first half of the payment will be paid after the contract has been signed and the second half will be paid after submission of the interim report.

Proposal Evaluation and Selection

The purpose of this RFP is to solicit proposals from federally qualified community health centers to promote system change in health care settings and assure quality of care. The primary goal is the control of hypertension and high blood cholesterol through patient and provider compliance with evidence based cardiovascular disease prevention guidelines.

The MSCVH Program will select proposals through a formal evaluation process. Only materials included in the proposal and attachments will be considered in the proposal evaluation. The program will assemble an evaluation team to review and rate each proposal based on a numerical scoring system developed for this RFP. Criteria listed below will be used to evaluate the proposals and rank them based on requirements stated in this RFP.

A. Applicant capability……..…….25 points
B. Scope of Work (proposed work plan and timeline)...……...……..50 points
C. Budget…….……25 points

(100 total points possible)

Notification of Award

All applicants will receive written notice of their selection or non-selection. All award notices will be mailed out September 1, 2006.

The successful applicants will be asked to enter into a contract with the Mississippi Department of Health. In addition to the contract, completion of a minority vendor form and W9 will also be required. All necessary forms will be mailed out to the successful applicant with the contract. All contracts, minority vendor forms, and W9 will need to be returned no later than September 15, 2006. The contract award will be conditional pending the approval of the Mississippi Department of Health contract review committee.

Scope of Work:

Objective: Improve blood pressure and/or blood cholesterol control among those patients known to have high blood pressure and/or high blood cholesterol in the community health care setting.

Each applicant must address patient self-management, decision support, delivery system design, linkages with community resources, and clinical information systems. Applicants must also provide evidence of: 1) support tools and/or guidelines, 2) activities and/or education, 3) PDSAs and other tools, and 4) the evidence based guidelines they adhere to.

All applicants must choose to work on two of the following goals. A plan for meeting these criteria should be included in the proposed work plan section of the proposal.

1. Increase registry size by 10%.
2. Increase the number of patients that receive prescription assistance.
3. Increase number of partnerships by two (2) that address gaps identified in addressing population specific needs.
4. Provide two free screenings for the community to identify individuals to place in the registry.
5. Establish two (2) new PDSA cycles that address barriers to implementation of the model.

Reporting Requirements

- Submit two reports (interim and final) on:
  - Progress of required and optional measures for CVD;
  - Brief report on the "Plan, Do, Study, Act" (PDSA) cycle of improvement; and
  - Clinic population description including demographics and risk factors.
- The MSCVH program will distribute the report to all grantees via email and postal service. All reports will be sent no later than three weeks prior to due date.

For CVD these measures include:

Measure	Goal
1. Hypertensive Patients with BP< 140/90 mmHg	>50%
2. Patients with 2 BP's in the last year	>90%
3. Patients with Fasting Lipid Profile Documented	>80%
4. LDL Cholesterol <100 mg/dl	>60%
5. Documentation of Self-management Goal Setting	>70%
6. Aspirin or Other Antithrombotic Agent Use	>90%
Optional Measures	**Goal**
1. Ace Inhibitor Use	>70%
2. Beta Blocker Use	>70%
3. Patients Who Have Been Screened for Depression	>50%
4. Patients with 2 HbA1c's in Last Year	>90%
5. Weight Reduction >=10 Pounds	>30%
6. Regular Exercise (3 times or more per week at least 20 minutes)	>40%
7. Patients Who Are Current Smokers	<12%

II. Content of Proposals

The application should not exceed ten pages. The ten-page limit does not include any appendices but does include the budget. Please complete the application packet as follow:

A. Cover Page

Provide the contact person that will coordinate activities as well as be responsible for reporting. Include email, telephone, fax, and address.

B. Applicant Experience

1. Describe the practice; indicate the amount of time the CHC has been involved in the collaborative; the intent to spread the collaborative; the current registry size; and intent/goals for increasing the registry size.
2. Describe mechanisms in place that allow follow-up with patients, e.g. reminder systems and outcomes, if available.
3. Describe the type of computer database that will be used in this project.
4. Describe the duties of staff members who will work directly on the project.
5. Describe other quality improvement initiatives in which the CHC has been involved with, including outcomes.
6. Describe any community collaborative projects the CHC has been involved with.

7. Describe any activities in the past that have proven successful in implementing the collaborative.
8. Please provide additional information that clearly defines the collaborative and its efforts.
9. A brief description of a successful PDSA cycle.

C. Proposed Work plan and Timeline

1. Detail the proposed project.
2. Detail specific criteria from Scope of Work that the clinic will be addressing.
3. Description of CHC population. Describe target population.
4. Identify the evidence-based guidelines that will guide clinical care.
5. Detail the number of people the project will potentially reach (in the clinic and/or through community outreach projects).
6. Please indicate the optional measures that will be included in the reporting process.
7. Describe any community resources that will be utilized.

D. Proposed Budget

Grantee funds cannot be used for diagnostic medicine, medical supplies, or clinical services.

Please include an itemized budget for all funds requested to support activities for this project. Examples of activities that can be funded:

- Health education programs that focus on self-management and goal setting for clients.
- Software and other equipment for the patient electronic care system (PECs).
- Spreading the model into other clinic sites.
- Health education material/community events that provide education.
- Resources needed to ensure adequate information and educational resources available to clients.
- Innovative approaches that will enhance implementation of the collaborative activities.

The application deadline is August 25, 2006. Award notification will be made by September 1, 2006.

Please mail application to:

Melinda Smalley
Mississippi Department of Health
Office of Preventive Health, A-301
570 E. Woodrow Wilson
Jackson, MS 39215

Proposal Evaluation Score Sheet
To Implement Chronic Care Model Activities in
Community Health Centers

Applicant:_____

A. Applicant capability	Score: _____ (25 points Max)

- Does the applicant meet the eligibility criteria?
- IS the target population clearly identified?
- Does the applicant demonstrate an understanding of the barriers to patient and provider management of hypertension and/or cholesterol?
- Has the applicant been involved in community education activities?
- Does the applicant have the necessary people involved in the project?

Comments:
_____
_____
_____

B. Scope of Work (proposed work plan and timeline)	Score: _____ (50 points Max)

- Are the strategies and plan clearly defined including target population, evidence-based guidelines that will guide care, roles of project personnel, etc.?
- Is there a specific and measurable plan for measuring goals and outcomes?
- Does the applicant identify which two of the five required goals they will be addressing? Is there a plan for reaching those goals?
- Is the timeline reasonable?
- Does the applicant address community resources?

Comments:
_____
_____
_____

C. Budget Score: _____
(25 points Max)

- Is justification provided?
- Is it fundable?

Comments:

_____
_____
_____

Total Score: _____